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ABSTRACT

This booklet sets forth a common framework within which providers of substance abuse services approved by the Maine Division of Driver Education Evaluation Programs (DEEP) can evaluate, treat, and certify the completion of treatment of persons convicted of operating under the influence. It presents criteria for classifying individuals according to their degree of progression in the disease of chemical addiction and recommends appropriate treatment requirements. It is noted that consistent use of this framework should result in a more uniform approach to DEEP evaluation, referral, and treatment process. First an overview of the guidelines and general considerations are presented. The salient characteristics/symptoms of different levels of users are discussed. Physical, psychological, and social characteristics/symptoms are presented for the levels of problem user, early stage, middle stage, late stage, and final stage. Characteristics of individuals in each of these stages and the rationale for treatment of each level is described. Definitions of terms are provided. (ABL)

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DON'T DRINK AND DRIVE

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DRIVER EDUCATION EVALUATION PROGRAMS

COMPLETION OF TREATMENT GUIDELINES

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Maine Department of Human Services
Office of Alcoholism and Drug Abuse Prevention
Division of Driver Education Evaluation Programs
32 Winthrop Street
Augusta, Maine 04330

Letter of Acknowledgement and Appreciation

As Director of the Division of Driver Education Evaluation Programs, I would like to voice my appreciation to those individuals named below and the agencies or organizations they represent for their involvement in developing the Completion of Treatment Guidelines.

The many meetings, hours of discussion and conclusions have resulted in a document which provides a framework for increased consistency and quality in the provision of evaluation and treatment services for DEEP referrals.

I am sure that their work will result in an increased attainment of our goal of safer Maine highways and the lessening of suffering experienced by our clients and their families due to substance abuse or chemical addiction.

A special thanks to Mel Tremper, Ph.D., for putting those hours of discussion and many words into a well written and easily interpretable document.

A heartfelt thanks to those involved.

Sincerely,

Linwood K. Oakes, Sr.
Director, DDEEP

Fred Burke, RSAC*	Maine Association of Alcohol and Drug Abuse Counselors (MAADAC)
Steve Leary, RSAC	Maine Association of Substance Abuse Programs (MASAP)
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Catherine Sabine, RSAC	Association of Private Providers and Licensed Evaluators
Mel Tremper, Ph.D.	Office of Alcoholism and Drug Abuse Prevention. (OADAP)

*Members of the Association of Private Providers and Licensed Evaluators when the project commenced.
Note: The designation "RSAC" above has now been mandated to be "Licensed Substance Abuse Counselor" or LSAC.

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DEEP COMPLETION OF TREATMENT PROJECT

Statement of purpose

This document sets forth a common framework within which providers of DEEP approved substance abuse services can evaluate, treat and certify the completion of treatment of persons convicted of operating under the influence. It presents criteria for classifying individuals according to their degree of progression in the disease of chemical addiction and recommends appropriate treatment requirements.

Consistent use of this framework should result in a more uniform approach to the DEEP evaluation, referral and treatment process. The perceived need for such a product has arisen from the current disparities between the practice of DEEP providers across the State. The lack of uniformity between practitioners has two potential effects. In the first place it creates the possibility of unfair disparity in the time and financial burdens borne by clients with essentially the same levels of clinical problems. This leads to the second possible difficulty. Differential treatment arising from what appears to be the lack of a standardized set of criteria, leaves the entire DEEP process open to legal challenge.

Introduction: An overview of the guidelines

A draft of the guidelines was developed through several month's effort by a group representing MASAP, private providers, OADAP and DEEP. The guidelines were refined in an intensive one day workshop to which all current DEEP providers were invited. During the workshop, small groups of providers applied the guidelines to evaluate a series of specially constructed client case histories, just as they would evaluate a real client.

The results of the workshop indicated that application of the draft guidelines resulted in reliable classification of clients. Comments made about the guidelines were analyzed by the workgroup and have been addressed in this final version.

Alcoholism and substance abuse affect many areas of the abuser's life. In construting the present classification system, the group focused on three broad areas: physical, psychological and social. Although addicted persons share the characteristics of loss of control, they nevertheless differ in the degree to which they have progressed in their disease. This progression is a gradual worsening of the person's condition and an

increasing dependence on, and involvement with substances. This continuum of change has often been conceptualized as a series of stages reflected in the physical, psychological, social, economic and other conditions of the person. The group has followed this common practice by distinguishing four stages of dependence....the early stage, the middle stage, the late and final stages, and a non-addicted stage of the problem user.

Each stage was then characterized by the number of negative consequences and the frequency and severity of occurrence of each consequence. In this system, the number, severity and frequency of negative consequences increase as the individual progresses from problem user to final stage.

After establishing and defining these stages the group's next assumption was that the client's needs and thus the appropriate treatment response differed according to the client's stage in the progression. That is, a treatment approach which might be effective with a problem user may be completely ineffective with a person in the middle stage. Conversely what might be appropriate for a middle stage person might be entirely too intensive and restrictive for a problem user.

The group used its clinical experience and knowledge of published studies to generate the series of stages mentioned above. Completing this process took a number of months. Once the needs of the clients were defined, the group then matched those needs with the general types of treatment most suited to meeting those needs. This establishes a guideline for practitioner's use during the initial client evaluation. It also provides DEEP with a reference point for assessing evaluations.

Obviously, eliciting sufficient information about multiple areas of an individual's life is not always easy, especially when the individual may be consciously or unconsciously denying or minimizing the extent of his involvement with substances. It is important to supplement information obtained from the substance abuser with information obtained from significant others. Thus the true pattern of a person's involvement with substances may only emerge after a somewhat lengthy series of interviews. This information may then be used to clarify the individual's degree of chemical addiction.

This is no magic formula for classifying every individual into one particular category. Rather, this system describes general patterns of behavior

which usually are associated with a given degree of progression into alcoholism/chemical addiction. It provides a set of reference points for gauging an individual's degree of harmful involvement with substances. Based on these reference points, a suitable intensity and modality of treatment may be recommended.

The guidelines represent what the field recognizes as the generally appropriate number of contract hours necessary within a minimum time period for significant client improvement in each stage. However, the group realizes that chemical addiction is an illness which effects each individual differently. Each individual because of his/her own particular circumstances responds differently to required treatment.

Some problem users and chemically addicted clients may respond readily to recommended treatment. In these cases, the guidelines may require more treatment than necessary. Other clients may not respond to treatment for a significant period of time resulting in the continued need for treatment beyond the recommended number of sessions and minimum timelines. The ultimate decision concerning the necessary number of session and minimum time lines remains of course, in the realm of the counselor's responsibility.

General Considerations

Several comments and suggestions made during the field review apply generally to several different stages and types of treatment. These will be discussed here.

It is widely recognized that substance abuse treatment is more effective in producing positive changes if the significant others, especially family members of the client, are included in the treatment process. Not only does this involvement create an environment in which the primary client is more likely to demonstrate positive changes; it is also beneficial for the family members themselves.

It was suggested during field review that family involvement be a required part of treatment recommendations. While it is agreed that family involvement is important, it has not been made part of the guidelines.

DEEP has legislative responsibility for assuring the education and evaluation of persons convicted of OUI. Under this mandate the regulations properly require the participation of a significant other in the evalua-

tion process. Treating the significant others of the convicted person is beyond the mandate of the DEEP program. Thus, their participation in treatment was not included in the guidelines. Although treatment of family members is beyond the scope of DEEP's mandate, the importance of such treatment is recognized. Treatment providers are encouraged to apply their best clinical judgment in determining the necessity for including significant others in the treatment process.

Several references were also made during the field review to the role of Alcoholics Anonymous in the evaluation and treatment process. It is recognized that self help groups play a critical role in achieving and maintaining sobriety. Thus, treatment providers are encouraged to incorporate self help philosophies and linkage to self help groups within their treatment programs whenever appropriate.

The issues surrounding the proper role of self help groups in the evaluation and treatment process are quite complex. The group feels indepth assessment of these issues should take place prior to any recommendations in the guidelines.

The rest of this document is given over to delineating the typical problems and behaviors experienced by individuals in each of the identified stages. Associated with each stage is the treatment approach recommended by the group as having the highest probability of successful outcome, without being overly restrictive. In an effort to reduce ambiguity, terms requiring precise definition are defined in the apendix of the document.

SALIENT CHARACTERISTICS/SYMPTOMS

PROBLEM USER

The most important distinguishing characteristic of this group is that they have not yet lost control over their use of drugs. Although there is always some risk of adverse consequences from drug use, most individuals do not experience such consequences, or experience them only infrequently and to a mild degree. Problem users, on the other hand, display a **pattern** of experiencing negative consequences, often to a relatively severe degree. Problem drinkers often display a pattern of inappropriate or irresponsible use of alcoholic beverages. Users of other drugs have passed beyond casual, intermittent or experimental use.

Persons in this stage are focused on the short term and artifical benefits substance use appears to bring them. Typically, use is fostered by social pressure or by internal needs. The person may have turned to substance use to dull feelings of pain and insecurity. They may use chemicals as substitute for other forms of satisfaction.

Interventions in this stage typically do not require intensive treatment approaches. Generally, individuals may require a bolstering of their self esteem in order to better withstand peer pressure, and to inject more intrinsic satisfaction into their lives. These persons should also receive objective information on the effects of substance abuse and the long term risks of continuing their pattern of use. Some individuals may have deep rooted underlying problems which may require intensive treatment, possibly including referral to specialized programs.

These less intensive treatment interventions can usually be accomplished in approximately 6 outpatient contact hours spread over a 30 day period.

PHYSICAL

- Occasional abuse of substance(s)
- Risk of physical injury as a result of abuse
- May* be experiencing physical difficulties as a result of abuse
- No physical addiction
- Occasional impairment as a result of substance abuse

* or may not is implied

PSYCHOLOGICAL

- Use of substance may* eliminate ability to perceive harmful consequences
- Abuse of substance has enabled the individual to learn that the substance may be used to relieve stress/problems
- Harmful consequences may* have resulted from occasional abuse of substance
- Individual justifies the occasional abuse of substance

SOCIAL

- Possible financial, legal, housing, employment and/or educational difficulties as a result of substance abuse (less than several occasions)
- Beginning difficulties with family and significant others as a result of abuse
- Association with those who will accept and encourage use

Treatment modality	Recommended Duration and Frequency of Treatment
Outpatient Elective aftercare	6 Contact hours over a 30 day period

* or may not is implied

EARLY STAGE

The individual in this stage has become dependent upon the use of substances. It is likely that he/she has experienced loss of control over consumption of one or more substances. The person has begun to make psychological adjustments to minimize the appearance of substance use, and to ensure continued access to substances.

Many physical, economic and social problems experienced by the problem user have begun to worsen and new problems have arisen.

Generally the person is still employed, and still within an intact family. The involvement of significant others is an important component of the treatment process.

Treatment needs to overcome the person's denial, rationalization and minimization of his/her substance use. Education and awareness of the nature of substance abuse are also required. Once the denial has been overcome, the person must be given the tools required to live a life free from substance use. It is often necessary to provide counseling for the resolution of ancillary problems which have arisen due to the person's substance abuse.

In order to accomplish these tasks, a minimum of 12 contact hours over a 90-day period is required. Usually, successful treatment can be accomplished in an outpatient setting. Severe situational problems may justify residential services. As in all subsequent stages of the illness, the treatment agent should forge a link between the person and an appropriate self help group, such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous or Adult Children of Alcoholics. Suitable formal aftercare programs are also usually necessary to ensure continued maintenance of sobriety.

PHYSICAL

- Frequent abuse of substance(s)
- May* experience physical injury as a result of abuse
- Physical difficulties as a result of abuse
- Physical addiction not readily evident
- Possible unpleasant and/or fearful experience with substance(s)
- Loss of memory as a result of substance abuse
- Tolerance increase (appropriate substance)

* or may not is implied

PSYCHOLOGICAL

- De pendence on substance to relieve stress / difficulties
- Stress / difficulties as a result of substance use
- Minimizes use / abuse of substance(s)
- Attem pts to control use / abuse of substance(s)
- Frequent loss of control of quality and frequency results in im paired judgment and reasoning ability
- Cause and effect of use, feelings and / or consequences projected onto other peo ple, places and / or things

SOCIAL

- Has ex perienced difficulties in the area of financial, legal, housing em ployment and / or education several times as a result of substance abuse
- Difficulties with family and significant others as a result of substance abuse
- Seeks out those who will acce pt and encourage substance abuse
- Seeks out social activities to include substance abuse situations

Treatment modality	**Recommended Duration and Frequency of Treatment**
Out patient Aftercare	12 Contact hours over a 9 0 day period

* or may not is im plied

MIDDLE STAGE

Individuals in this stage are still maintaining some elements of a "normal" affiliation with society. However, their substance abuse has become a primary component of their life and affects every area of it. Substance abuse has become almost a prerequisite for feeling "normal". Problems in all areas of living are most numerous and more severe than in earlier stages.

It is possible that individuals in this stage may require detoxification to rid their bodies of toxic effects of substance abuse prior to participating in counseling. Given the severity of their problems, a longer and more intensive period of treatment is required. Some persons with a relatively intact and supportive home environment may only require outpatient services. These should consist of at least 18 contact hours over a 120-day period. Persons living in a deteriorated environment, or with physical problems requiring some supervision, or with more severe psychological or social problems, may require residential treatment. An emerging alternative which may be more appropriate for some clients is that of non-residential rehabilitation (sometimes called "day treatment").

Formal aftercare programs geared to the person's needs are strongly recommended and may be required for as much as two years following initial treatment.

PHYSICAL

- Repeated abuse of substance(s)
- May* be experiencing physical injury/disorders as a result of repeated abuse
- Experiencing unpleasant/fearful experiences with substance(s)
- Tolerance change (appropriate substances)
- Physical addiction, but may not always be evident
- Frequent loss of memory
- Frequent incapacitation as a result of repeated abuse

Note: "Non-residential" treatment is now available at various locations throughout the State.

* or may not is implied

PSYCHOLOGICAL

- De pendence on substance(s) as primary means of co ping
- De pendence of substance(s) to relieve stress and negative feelings
- Stress/difficulties as a result of abusing substance(s)
- Re peated loss of control of quantity and frequency
- Further im pairment of judgment and reasoning abilities
- Inability to discriminate different feelings
- Denial/rationalization of substance(s) abuse
- Re peated substance(s) abuse to maintain feeling of "normalcy"
- Projection onto other peo ple, places and/or things continues

SOCIAL

- Serious difficulties with family and significant others as a result of re peated substance(s) abuse
- Several problems in areas such as financial, legal, housing, em ployment and educational as a result of re peated substance(s) abuse
- Changes in social relationshi ps which allow re peated substance abuse
- Social activities generally limited to substance using situations

Treatment modality	**Recommended Duration and Frequency of Treatment**
Possible Detoxification Non Residential Rehab Residential Rehabilitation	18 Contact hours over a 12 0 day period or Com pletion of a Residential Rehab Program
Out patient Aftercare	and 6 contact hours over a 3 0 day period

* or may not is im plied

LATE STAGE

This person's entire life typically revolves around substance use and abuse. The person displays continual use of substances and many chronic physical symptoms of such use. Psychologically, his cognitive and emotional states are dulled and confused by substance use. Usually the person has lost the defensive denial or rationalization of substance abuse found in earlier stages. Normal social and other relations have been seriously disrupted.

Treatment in this stage almost always requires detoxification due to the patterns of substance abuse. This should be followed by residential rehabilitation. If the person has experienced many treatment contacts and requires more extensive treatment, halfway house treatment is recommended. This should be followed by 6 contact hours over a 30 day period from discharge.

If the person has not had prior treatment experience and has some family or social supports, halfway house treatment may not be necessary. In this case, residential treatment should be followed up by 30 contact hours over a 180 day period of continuing outpatient treatment.

Continued aftercare is also recommended.

PHYSICAL

- Continual abuse of substance(s)
- Experiencing physical injury/disorders as a result of continual abuse
- Unpleasant/fearful experiences become expected and tolerated
- Physical addiction evident
- Inability to tolerate substance(s) evident [appropriate substance(s)]
- Continual loss of memory
- Continual incapacitation

PSYCHOLOGICAL

- Substance(s) provides only means of (temporary) relief
- Continual dependence on substance(s) to relieve stress and negative feelings

PSYCHOLOGICAL

- Substance(s) abuse without consideration of risks
- Severe inability to identify different feelings
- Severe confusion as evidenced by a state of disorder, embarrassment and failure to distinguish between personal values as a result of substance(s) abuse
- Minimal denial or rationalization of substance(s) abuse

SOCIAL

- Serious disruption of relationships with family and significant others as a result of continual substance(s) abuse
- Financial, legal, housing, employment and educational areas disintegrate as a result of continual substance(s) abuse
- Withdrawal from social relationships except association with late and final stage abusers
- Acceptance of continual substance(s) abuse

Treatment modality	Recommended Duration and Frequency of Treatment
Late Stage A **	
Detoxification Residential Rehabilitation Halfway House Outpatient Aftercare	21-30 days of residential rehabilitation and/or 3-6 months halfway house followed by; 6 contact hours over 30 day period after discharge from halfway house or one year documented sobriety
Late Stage B ***	
Detoxification Residential Rehabilitation Outpatient Aftercare	21-30 days of residential rehabilitation followed by 30 contact hours over a 180 day period

** Late State A - unsuccessful repeated treatment episodes resulting in utilizing a halfway house as a necessary treatment modality.

*** Late Stage B - Initial treatment experiences with family/social reentry after residential rehabilitation.

FINAL STAGE

Individuals in this stage are not likely to have much opportunity to drive since their social and financial position is commonly so severely disrupted. They display continuous abuse of substances with accompanying life threatening physical deterioration. They are totally disengaged from society and their social world is restricted to fellow final stage abusers and the commercial and social systems which serve them.

Since these individuals are often homeless, they need shelter which may become a necessary part of the treatment plan. Detoxification is certainly necessary. This should be followed by extended care and then possibly by halfway house treatment. This should be followed by a period of outpatient contact prior to issuance of a renewed license to drive.

Given the extreme deterioration of these individuals, their treatment plans should be individually reviewed by DEEP staff with the approved provider.

PHYSICAL

- Continuous abuse of substance(s)
- Life threatening physical deterioration
- Physical injury/disorders as a result of continuous abuse
- Unpleasant/fearful experiences accepted
- Physical addiction evident
- Absence of tolerance to substance(s) (appropriate substance(s))
- Continuous loss of memory
- Continuous incapacitation

PSYCHOLOGICAL

- Complete dependence on substance(s) as a means of living
- Continuous substance(s) abuse without consideration of risks
- Substance induced psychological deterioration
- No denial or justification of abuse
- Emotional disorganization

SOCIAL

- Complete disintegration of meaningful social relationships
- Behavior acceptable to only final stage substance(s) abusers
- Inability to be self supporting as a result of continuous substance(s) abuse/chemical addiction
- All resources, regardless of origin, are used to maintain continuous substance(s) abuse/chemical addiction
- Unattached and may be transient

Treatment	Recommended Duration and Frequency of Treatment
Shelter / Detoxification Extended Care Halfway House Outpatient Aftercare	Individually reviewed by DEEP with the approved agency or provider. Substantial treatment and/or AA involvement for extensive period of time previous to completing

* DEFINITIONS *

ABUSE	-use of alcohol or other substances which may result in harm to oneself or another.
CONTACT HOURS	-at least fifty minute group or individual sessions comprised of education and/or interaction for the purpose of attaining the treatment goal(s).
CONTINUAL	-close prolonged succession or occurrence.
CONTINUOUS	-without voluntary interruption.
DIFFICULTY	-trouble or distress.
DISINTEGRATE	-breaking up.
DISORDER	-to upset normal functions or health of.
FREQUENT ABUSE	-use of alcohol or other substances which may result in harm to oneself or another more than four times per year.
OCCASIONAL	-irregular or rare intervals.
OCCASIONAL ABUSE	-use of alcohol or other substances which may result in harm to oneself or another less than four times per year.
PROBLEM	-any puzzling or difficult circumstances or person.
RARE	-four times or less per year.
REPEATED	-established pattern or frequent abuse.
SERIOUS	-giving cause for concern.
SEVERAL	-more than two.
TOLERANCE	-the ability to resist the effects of a drug, etc., taken over a period of time in larger and larger doses.